

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027624 (3)

1. Corporation Name

SAINT FRANCIS HEALTH SYSTEMS, INC.

Principal Place of Business

2343 AARON STREET
PORT CHARLOTTE FL 33952

Mailing Address

2343 AARON STREET
PORT CHARLOTTE FL 33952

FILED
Aug 07 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/11/1994		07/10/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0528290		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
28		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
30		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HACKETT, JACK O II 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	KREEGEL, PAIGE V	1.2 NAME	
STREET ADDRESS	2343 AARON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MYERS, JOHN D	2.2 NAME	
STREET ADDRESS	2343 AARON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	BURGESS, RAYMOND	3.2 NAME	
STREET ADDRESS	2343 AARON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7/29/97

CR2E034 (4/97)